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## BIB DATA SHEET

CONFIRMATION NO. 1250

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/766,329	01/29/2004	600	3768	SHANI1A		
<b>RULE</b>						
<b>APPLICANTS</b> Haim Shani, Shaham, ISRAEL; Itai Shavit, Nahariya, ISRAEL;						
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/056,064 01/28/2002 PAT 6,685,635 which is a CIP of PCT/IL00/00443 07/25/2000						
<b>** FOREIGN APPLICATIONS *****</b> ISRAEL 131108 07/26/1999 ISRAEL 131245 08/04/1999						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 06/19/2004						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /ETSUB D BERHANU/ Examiner's Signature	<input type="checkbox"/> Met after Allowance EB Initials	<b>STATE OR COUNTRY</b> ISRAEL	<b>SHEETS DRAWINGS</b> 7	<b>TOTAL CLAIMS</b> 56	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> BROWDY AND NEIMARK, P.L.L.C. 624 NINTH STREET, NW SUITE 300 WASHINGTON, DC 20001-5303 UNITED STATES						
<b>TITLE</b> Non-invasive method and apparatus to detect and monitor early medical shock, and related conditions						
<b>FILING FEE RECEIVED</b> 946	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		